

Office of Youth Development
Risk Screening Document

Offender: _____ Date of Current Rating: _____ JIRMS# _____
Most Serious Present Adj. Offense: _____ Date of Disposition: _____

- | | | Score |
|----|--|-------|
| 1. | <u>Age at First Adjudication</u> | |
| | Age 12 or younger | (10) |
| | Age 13 | (07) |
| | Age 14 | (05) |
| | Age 15 or older | (02) |
| 2. | <u>Severity of Present Adjudicated Offense</u> | |
| | High Severity: L. R. S. 14.2, and Ch. C. Art 897.1 | (10) |
| | Moderate Severity: All other felonies | (06) |
| | Low Severity: All misdemeanors and FINS | (03) |
| 3. | <u>Most Serious Prior Adjudicated Offense</u> | |
| | High Severity (see above) | (05) |
| | Moderate Severity (see above) | (03) |
| | Low Severity (see above) | (01) |
| | No Prior Adjudicated Offense record | (00) |
| 4. | <u>Number of Prior Adjudications</u> | |
| | Four or more Felony adjudications | (10) |
| | Three Felony or four or more Misdemeanor offenses | (05) |
| | Two Felony grade offenses or three Misdemeanor offenses | (03) |
| | One Felony or two Misdemeanors/FINS adjudications | (01) |
| | One prior misdemeanor or one Prior FINS or No Prior Adjudications | (00) |
| 5. | <u>History of Probation or Parole Supervision or DPS&C Custody</u> | |
| | Current | (02) |
| | Within past 12 months | (01) |
| | No Prior History of Supervision or Custody | (00) |
| 6. | <u>Number of Out-of-Home Placements</u> | |
| | Non-Secure | |
| | Three or more or Secure | |
| | One or Two One or more | (02) |
| | No Prior Out-of-Home Placement(s) | (01) |
| | | (00) |
| 7. | <u>Prior Escapes or Runaways</u> | |
| | From a Secure facility (more than once) | (03) |
| | From a Secure facility (1) or Non-Secure (2 or more times) | (02) |
| | From a Non-Secure facility once (1) | (01) |
| | No Prior Escapes or Runaways | (00) |

Total Score _____

Supervision Level based on above score:

Level	Assessment
Red	12 and above
Yellow	11 and Lower

Administrative/Case Review Report

Identifying Information

Youth's Name:

Youth's Date of Birth:

Petition Number(s) for CNF or CND:

Placing District:

Placing District PPO:

Review

Date of Initial Placement:

Date of Initial Plan:

Date of Last Review:

Date of Current Review:

N/A

Facility Information

Name of Facility:

Address:

Phone Number:

Reason Youth Entered Care:

Placement History:

Judicial Determination

Was court recommendation regarding placement followed? ☐ Yes ☐ No

If no, why not?

Was Judicial Determination of Reasonable Efforts documented? ☐ Yes ☐ No

If no, why not?

Criteria For Placement

Did the Psychological Evaluation recommend Non-secure Placement? ☐ Yes ☐ No

If no, explain:

Change in Placement

Has there been a change in placement since the last review? ☐ Yes ☐ No

If yes: Date of Current Placement:

Date Written Notification sent to Court:

Explain Reason for Change in Youth's Placement:

Appropriateness of Placement

Discuss appropriateness of services provided at this facility, which match this youth's specific needs, as identified in the Psychological Evaluation or Individual Service Plan:

Is Facility a Safe Setting in the best interests and needs of the youth? ☐ Yes ☐ No

Is the Facility Licensed by DSS, Bureau of Licensing? ☐ Yes ☐ No

If no, explain:

Is the Facility monitored by the Office of Youth Development as per Department Regulation C-05-003?

☐ Yes ☐ No

Date of last monitoring:

Close Proximity

Is this the closest facility available, which best meets the needs of this youth? ☐ Yes ☐ No

If no, explain:

Least Restrictive

Is this the least restrictive environment available which best meets the youth's specific needs?

☐ Yes ☐ No

If no, explain:

Identify Previous Need Areas

- | | |
|--|--|
| <input type="checkbox"/> Family | <input type="checkbox"/> Peer Relationships |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Sexual History |
| <input type="checkbox"/> Emotional Stability | <input type="checkbox"/> Physical Health |
| <input type="checkbox"/> School/Education | <input type="checkbox"/> Independent Living Skills |

Current Need Areas

Family

Youth's Current Status:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Drug Use

Youth's Current Status:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Alcohol Use

Youth's Current Status:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Emotional Stability

Youth's Mental Health Diagnosis:

Youth's Current Status:

Discussion of Youth's Psychotropic Medications:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

School/Education

Name of School: Type:

Is the current IEP (Individual Education Plan) in the file? ☐ Yes ☐ No

Youth's Current Status - Performance/Grades:

Youth's Current Status - Attendance:

Youth's Current Status - Behavior/Discipline:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Peer Relationships

Youth's Current Status:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Employment

Youth's Current Status:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Sexual History

Youth's Current Status:

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Explain:

Physical Health

Has there been a change in Medical/Dental Providers since last Kid Med form? ☐ Yes ☐ No

Youth's Current Status:

Discussion of Youth's Non-Psychotropic Medications and Immunizations in last six months:

Is the current Immunization Record in the file? ☐ Yes ☐ No

Discussion of Progress Towards Meeting Goals:

Measurement of Progress:

Independent Living Skills (if youth is/will be 16 before next review)

Youth's Current Status:

Briefly Describe the Independent Living Services Provided by the Facility:
Discussion of Progress Towards Meeting Goals:
Measurement of Progress:

Measurement of Progress

Number of Need Areas Completed:
Number of New Need Areas:
Number of Remaining Need Areas:

Permanency Plan

Hearing Scheduled: at
Identify the Permanent Plan:
Return to Parent/Guardian:
Place with a relative:
Emancipation/Independent Living: Explain why:
Date Staffed with OCS for Termination of Parental Rights Prior to 11 Month Review:
If not, explain:

Visitation Plan

Is Visitation between the youth and Permanent Plan appropriate? ☐ Yes ☐ No

If No, why?

Has the facility Visitation Plan been discussed with the Permanent Plan? ☐ Yes ☐ No

If No, why?

Does the youth participate in Home Passes with the Permanent Plan? ☐ Yes ☐ No

Discussion of the Home Passes:

Discussion of Family Visits at Facility:

Panel's Recommendation regarding Continued Need for Placement

The Compelling Reason why this youth continues to require placement:
Projected Release Date:

Comments

Youth:

Family:

Facility:

PPO:

Other:

Signatures are attached.

	Signatures	Notified	Attended	Date
Youth		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Parent/Guardian		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Parent/Guardian		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Facility Representative		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
PPO		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Supervisor/DM		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Program Specialist		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Others:		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Administrative Review Panelist		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

If any party failed to be notified of review, explain:
If any party has not, or refuses to sign, explain: